

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1							51				
2	1						52				
3	1						53				
4	1						54				
5	1						55				
6		1					56				
7		1					57				
8		1					58				
9	1						59				
10	1						60				
11		1					61				
12	1						62				
13		2					63				
14		1					64				
15		2					65				
16		1					66				
17		1					67				
18		1					68				
19		1					69				
20		1					70				
21		1					71				
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39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	8						TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS	8						TOTAL CLAIMS				